

Docket No. 0575/68548-PCT-US/JPW/LADIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Shi Du Yan, et al.
Serial No. : 10/577,382 Examiner: G. Emch
Filed : February 11, 2008 Group Art Unit: 1649
For : METHODS FOR REDUCING SEIZURE-INDUCED NEURONAL DAMAGE

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: September 8, 2009

Sir:

Transmitted herewith is an amendment to the above-identified application.

_____ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

_____ A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

_____ No additional fee is required.

The filing fee is calculated as follows:

	Number after Amendment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	23 -	* 24 =	*** 0 X	\$26	\$52	=		0
Indepen- dent Claims	3 -	** 4 =	*** 0 X	\$110	\$220	=		0
Multiple Dependent Claim(s) Presented For First Time Yes <u>X</u> No				\$195	\$390	=		0
				TOTAL ADDITIONAL FEE			\$	0

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter

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The following are also enclosed:

 One additional copy of this Amendment Transmittal Letter

 X Return Receipt Postcard

 An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes No

and a fee of \$ included)

 X A Petition for an Extension of Time, including a fee of
\$ 490.00 for a Petition for 2 Month(s) Extension of Time

 X Other (identify): Copy of reference as (Exhibit A)

THE TOTAL FEE DUE IS \$ 490.00

 X A check in the amount of \$ 490.00 is enclosed.

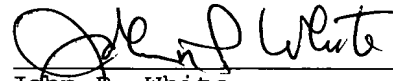
 Please charge Deposit Account No. in the amount of
\$

 X The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

 X Fees under 37 C.F.R. §1.16 for the presentation of extra claims

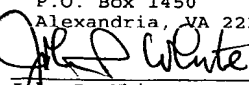
 X Patent application processing fees under 37 C.F.R. §1.17

Respectfully submitted,



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I hereby certify that this
correspondence is being deposited this
date with the U.S. Postal Service with
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Alexandria, VA 22313-1450

 9/8/09
John P. White
Reg. No. 28,678

Date